

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CHILD CARE

STAFF SHEET

I. AGREEMENT		FACILITY NUMBER
I hereby certify that: - the list below includes all staff, including volunteers counted in staff/child r - the information below is true and accurate.	ratios, at this facility.	FACILITY NAME
 all caregivers and volunteers who work directly with children, have read, uncare licensing rules. child abuse/neglect (ca/n) screenings have been requested for all cavolunteers counted in staff/child ratios. 	,	FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)
SIGNATURE OF OWNER(S) DIRECTOR	DATE	
>		

II. STAFF

NAME a) CHILD CARE STAFF		IRTHDATE POSITION	DATE EMPLOYED	DATE BACKGROUND SCREENINGS REQUESTED	EDUCATION	NUMBER	HOURS OF WORK			HEALTH INFORMATION	
	BIRTHDATE				AND EXPERIENCE	TRAINING HOURS COMPL'D	FROM	то	WEEKLY TOTAL	DATE OF MEDICAL EXAMINATION	DATE OF CURRENT TB TEST
) F90 2020 (1 02)					CHILD CADE LINIT. CANADY DAY CADE DOWNER						

NAME BIRT	DIDTUDATE DOOLS:	DATE	DATE CA/N	EDUCATION AND	NUMBER TRAINING	HOURS OF WORK			HEALTH INF	ORMATION	
	BIRTHDATE	BIRTHDATE POSITION	EMPLOYED	SCREEN REQUESTED	EXPERIENCE	HOURS COMPL'D	FROM	то	WEEKLY TOTAL	DATE OF MEDICAL EXAMINATION	DATE OF CURRENT TB TEST
b) VOLUNTEERS (COUNTED IN STAFF/CHILD RATIOS)						NA					
c) MEAL PREPARATION (IF ATTENDANCE MORE THAN 30 CHILDREN)						NA					
d) HOUSEKEEPING MAINTENANCE						NA					
e) CLERICAL						NA					
l											
OFFICE USE ONLY FILING INSTRUCTIONS: IN	LICENSING	YEAR									

MO 580-1954 (9-03)

DC-3-2